

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000071681

1. Corporation Name

KARS R-US AUTO SALES, INC.

Principal Place of Business

3799 NW 36TH STREET
MIAMI FL 33142

Mailing Address

3799 NW 36TH STREET
MIAMI FL 33142



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~3799 NW 36TH STREET~~
4850sw 75ave.
Suite, Apt. #, etc.

Miami Fl.
City & State

Zip 33155
Country USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/27/2000

5. FEI Number

65-1028569

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
STD	NIETO, ROBERTO	3799 NW 36TH STREET 4850sw 75ave.	MIAMI FL- 33142 33155
PD	GUARDIOLA, BRIGIDA	3799 NW 36TH STREET 4850sw 75ave	MIAMI FL- 33142 33155

000008638450
10/28/02--01133--018 **150.00

8. Name and Address of Current Registered Agent

GUARDIOLA, BRIGIDA
3799 NW 36TH STREET
MIAMI FL 33142

9. Name and Address of New Registered Agent

Name
Guardiola Brigida
Street Address (P.O. Box Number is Not Acceptable)
4850sw 75ave.
Suite, Apt. #, Etc.

City Miami State FL Zip Code 33155

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Brigida Guardiola
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date Oct. 22 2002

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Brigida Guardiola* Oct. 22 2002 786 275-8114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (8/02)

KARS R-US AUTO SALES INC.

4850SW 75 ave. Miami Fl. 33155

Ph. 786 517-0355, 517-0395

telfax 786 517-0397

e-mail: mexipuerto@aol.com

Oct 22,2002

To: Florida Department of State
Jim Smith
Secretary of State
Division of Corporation
P.O. Box 6327
Tallahassee Fl. 32314

From: Kars R-Us Auto Sales Inc.

Dear Sir:

This is to inform you that our adress has been changed, as you can see at the top of this letter. Aparently by the time we moved the renewal form was lost, because we didn't received it . We are sending you the amount of one hundred and fifty dollars to paid the reinstatement fees.

If you have any question don't hesitate to communicate with us. Our mobil

Phones are: 786 368-9020 or 305 803-6945; or e-mail us.

Sincerely



~~Brigida Guardiola~~
President and Registered Agent